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*Lues Venerea.**

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A few days ago, I had the honor of receiving a formal invitation from my friend, Dr. Thomas C. Smith, the Chairman of your Committee on Essays, to address the society, at some time in the near future, on the subject of Syphilis.

At first the request would seem easy enough to comply with, as it is a subject that every drug clerk and medical student think they fully understand.

Dr. Smith, in his letter of invitation, states: "The several questions relating to Syphilis are generally regarded as fully answered and settled; and yet put a well-qualified practitioner on the stand, and it is lamentable to witness his display of ignorance on the subject."

The cause of this lack of knowledge may be readily understood when you call memory to your aid, and look back on your own student days. The subject has been and is still ignored by nearly every medical school.

Dr. Charles W. Allen, of New York City, states: "The amount of time and attention given this all important subject in all medical schools of this country is farcical. Men are sent out into the world, and are expected to diagnosticate syphilis, when the training the college authorities have vouchsafed them in this branch is entirely out of proportion to its importance. I am continually seeing victims of this disease who are no less the victims of this lack of proper clinical instruction and requirements on the part of the medical schools. I say it in a spirit of shame, rather than one of captiousness, that practitioners from a lack of knowledge permit patients to marry, and to cohabit while still sources of danger exist, and to go about freely with contagious lesions in the mouth or throat, without giving them warning of the facility with which they can transmit the disease to others."

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In an article published in the Virginia Medical Monthly on "Unmerited Syphilis," I gave illustrations of how innocent people acquire this disease, and in its most malignant form.

Dr. L. Duncan Bulkley states: "Non-venereal chancres have been mistaken for epitheliomata, and operations for their removal have been even performed."

I have known one case of tubercular syphiloderm of the upper lip, to be diagnosed to be lupus by one surgeon, and epithelioma by another.

Gummy tumors have been diagnosed to be sarcoma, and the ever ready knife of the surgeon ordered into use, but where the happy administration of the proper treatment has caused them to melt away like snow under the mid-day sun.

Maisonneuve gives the case of a patient who underwent a serious operation for a supposed encephaloid cancer of the pharynx. After six months the tumor began to grow again, and grow so rapidly that the patient was given up in despair, and sent to the hospital to die. When examined upon his entrance, an enormous tumor was found occupying the left lateral region of the neck and the entire parotid region. It projected into the pharynx, obliterating the velum palati and threatened the patient with death by asphyxia. The true nature of the tumor was eventually suspected, and the patient put upon specific treatment. The tumor vanished without leaving a vestige.

Syphilitic testicles have been pronounced to be cancer, and surgeons have castrated the victims, causing bloody mutilations. A correct diagnosis and knowledge as to the treatment would have rendered castration unnecessary.

Professor Von Esmarch states that he was once consulted by an American, who had been operated upon by some of our California colleagues. "They had cut away his penis, and scrotum as well as a large piece of his abdominal skin." Our surgeons of the Pacific slope had regarded the case as carcinoma, and had made as good a eunuch of him as you can find in Constantinople. After castrating him, they fixed him so that the only way he could be re-infected by syphilis was in a non-venereal manner. Von Esmarch states that they "failed to see unmistakable evidences of syphilis."

The other day, I was looking over Part III of the Pictorial Atlas of Skin Diseases, and Syphilitic Affections—taken from photo-lithocromes of the models in the Museum of the Saint Louis Hospital, Paris. It contained, among other superb illustrations a colored photo-lithochrome of a broken-down ulcerative syphilitic gumma of the thigh. This patient was a man thirty-nine years of age.

The patient went to a hospital and was admitted to a surgical ward. He stated that the surgeon thought of operating on him, and even auscultated the thigh "to hear pulsations;" so it seems possible, that an aneurism was suspected. However, after two surgeons had consulted together, the operation was abandoned,

and he was discharged, with means of treatment directed mainly toward his pains (opiates internally, belladonna plaster on the thigh).

In one month he returned to the hospital in a worse condition. "A different surgeon from the one who first saw him now attended him. The thigh was now massive and hard, but the skin was purple, the ecchymoses having partially disappeared. Probably the new surgeon diagnosed malignant tumor—likely enough an osteo-sarcoma—for he proposed to the patient the amputation of his leg at the hip joint."

"A few weeks afterwards, the poor fellow was sent to the Saint Louis Hospital. The appearance of the lesions, as we have already described them, left no room for doubt as to their nature. Despite the lack of evidence of antecedent syphilis, and denials of the patient, the diagnosis of syphilis was made, and specific treatment instituted.

"The disease which had lasted for two years was cured in two months."

John Hunter said that the two great obstacles to the study of venereal disease were ignorance and falsehood. Ignorance on the part of the surgeon, and falsehood on the part of the patient.

I have prepared and published more than thirty articles on the subject under consideration, and I feel as if I had barely touched, or rather skimmed over, the horrors and ramifications caused by this hydra-headed monster. Hercules, of fabulous history, destroyed his by cutting off its heads and applying fire-brands. The arrows he dipped into its poisonous blood were fatal to those he wounded.

Thus with the monster of Syphilis, the poisonous virus is in the blood of its victims, and proves too often worse than death. We may cut out the wounds, but the virus remains there still.

This evening I can only call your attention to a few important and I trust interesting facts, which I have arranged under the titles of Lues Venerea.

It is the most far-reaching and diabolical scourge that afflicts mankind.

Volumes have been written to prove that Lues Venerea was of American origin, and was brought to Europe by the crews of Christopher Columbus, and that this fair land was the cradle of the disease.

Our Aborigines were not the imparters, but the imparted. Captain Dabry, in an article, entitled "La Medicine Chez les Chinois," published in 1863, quotes from another author named Hoanty, who lived two thousand six hundred and thirty-seven years before the Christian era. This Chinese author gives an unmistakable account of cases of lues venerea, and his descriptions surpass those of many modern writers.

In a surgical work compiled by Theodorie, a Dominican monk, in 1250, a chapter is devoted to the malum mortuum, and a treat-

ment by means of mercurial inunctions is recommended. This, from the description was undoubtedly syphilis, and if the ancients knew how to use mercury by inunction, we can not boast of much progress.

Lanfranc, of Milan, in his treatise on surgery, composed in 1296; has a chapter on "Chancre and Ulcer of the Penis in Man." Guillaume de Salicet and Gerard, in their works on surgery, written during the same century, also describe a disease which could be no other than syphilis.

In my article, already referred to, I endeavored to prove that the brute creation was entirely exempt from this affliction. Almost every variety of animal has been inoculated with the virus of syphilis, and with negative results. Since writing that article, I find that Klebs states that he has been successful in inoculating a monkey with the virus of lues venerea. This will be reassuring to the disciples of Darwin, and for their gratification I will state that the poor little ancestor, six weeks after the inoculation, or rather cruel implantation, exhibited general and febrile symptoms, attended by a papular eruption of the forehead and face, and five months later, on the necroscopic examination, Klebs found syphilitic lesions in the skull and lungs.

The idea of living organisms being the cause of syphilis was expressed in a rude form as early as the seventeenth century.

Professor Senn, in his "Surgical Bacteriology," states: "It is interesting and profitable to know what has been done during the last few years in the bacteriological study of syphilitic lesions, although the claims which have been made are in all probability unfounded."

The germ of syphilis, sooner or later, will be discovered, and the name of the micro-organism detective will rival that of Robert Koch.

Perhaps no word grates on the ear more than that of chancre. It is always associated with the name of the great pathologist John Hunter, for it is generally believed that he was the first to describe graphically the indurated chancre. Hunter believed in the identity of gonorrhoea and syphilis. He was chief of the identists, and continued to believe in his theory up to the time of his death.

To prove his theory, he experimented on himself. I will make use of his own language (taken from his book, which was published in London in 1788, in old English type. A copy of this book was presented to me by my friend Dr. Thomas C. Smith), as it will give you an excellent idea of the evolution of syphilis, and how the first eruption is suppressed by the administration of mercury, resulting in doubt as to diagnosis, until the disease has taken a firm hold on the constitution.

Hunter wrote as follows, viz.: "To ascertain several facts relative to the venereal disease, the following experiments were made. They were begun in May, 1767:

"Two punctures were made in the penis with a lancet dipped in venereal matter from a gonorrhoea; one puncture was on the glands, the other on the prepuce. This was on a Friday. On the Sunday following there was a teasing itching in those parts which lasted till the Tuesday following. In the meantime, these parts being often examined, there seemed to be a greater redness and moisture than usual, which was imputed to the parts being rubbed. Upon the Tuesday morning, the parts of the prepuce where the puncture had been made were redder, thickened and had formed a speck; by the Tuesday following the speck had increased and discharged some matter and there seemed to be a little pouting of the lips of urethra, also a sensation in it of making water, so that a discharge was expected from it. The speck was now touched with lunar caustic and afterwards dressed with calomel ointment. On Saturday morning the slough came off and it was again touched and another slough came off on the Monday following. The preceding night the glands had itched a good deal and on Tuesday a white speck was observed where the puncture had been made; this speck, when examined, was found to be a pimple full of yellowish matter. This was now touched with the caustic and dressed as the former. On Wednesday the sore on the prepuce was yellow, and therefore was again touched with caustic. On Friday both sloughs came off and the sore on the prepuce looked red and its basis not so hard, but on Saturday it did not look quite so well and was touched again, and when that went off it was allowed to heal, as also the other, which left a dent in the glands. This dent on the glands was filled up in some months, but for a considerable time it had a bluish cast. Four months afterwards the chancre on the prepuce broke out again and very stimulating applications were tried, but these seemed not to agree with it and not being applied it healed up. This it did several times afterwards, but always healed up without any application to it. That on the glands never did break out and herein also it differed from the other. While the sore remained on the prepuce and glands, a swelling took place in one of the glands of the right groin. I had for some time conceived an idea that the most effectual way to put back a bubo was to rub in mercury on that leg and thigh, that thus a current of mercury would pass through the inflamed gland. There was a good opportunity of making the experiment. I had often succeeded in this way, but now wanted to put it more critically to the test. (The practice in 1767 was to apply a mercurial plaster on the part, or to rub in mercurial ointment on the part, which would hardly act by any other power than sympathy.) The sores upon the penis were healed before the reduction of the bubo was attempted. A few days after beginning the mercury in this method the gland subsided considerably. It was then left off; for the intention was not to cure completely at present. The gland some time after began to swell again and as much mercury was rubbed in as appeared to be sufficient for the entire reduction of the gland, but it was meant to do no

more than to cure the gland locally, without giving enough to prevent the constitution from being contaminated.

About two months after the last attack of the bubo, a little sharp, pricking pain was felt in one of the tonsils in swallowing anything, and, on inspection, a small ulcer was found which was allowed to go on until the nature of it was ascertained and then recourse was had to mercury. The mercury was thrown in by the same leg and thigh as before, to secure the gland more effectually, although that was not now probably necessary. As soon as the ulcer was skinned over, the mercury was left off, it not being intended to destroy the poison, but to observe what parts it would next affect. About three months after, copper-colored blotches broke out on the skin and the former ulcer returned in the tonsil. Mercury was now applied the second time for those effects of the poison from the constitution, but still only with a view to palliate. It was left off a second time and attention was given to mark where it would break out next, but it returned again in the same parts. It not appearing that any further knowledge was to be procured by only palliating the disease, a fourth time in the tonsil, and a third time in the skin, mercury was now taken in a sufficient quantity and for a proper time, to complete the cure. The time the experiments took up, from the first insertion to the complete cure, was about three years."

Hunter speaking of the mercurial treatment says: "It shows that parts may be contaminated and may have the poison kept dormant in them while under a course of mercury for other symptoms, but break out afterwards."

The experiment of trying to inoculate syphilis with gonorrhoeal pus had since been tried in vain. There is not the shadow of a doubt but that the great anatomist had the misfortune of finding a patient who had an urethral chancre, and the pus from that infecting source was commingled with the gonorrhoeal discharge. Or the patient was suffering from constitutional syphilis at the time he had gonorrhoea.

John Hunter was born in February 13, 1728, and died on October 16th, 1792, in the sixty-fifth year of his age. As anatomist, naturalist, physiologist and surgeon combined, he stands unrivaled in the annals of medicine. Early in 1786 he published his *Treatise on the Venereal Disease*. Although certain views expressed regarding syphilis have been proven to be erroneous, the work is a valuable compendium of observation of cases.

I believe that I am the first to attribute the death of this great man to lues venerea—a disease inflicted on himself. Unwilling to endanger the life of another he experimented on himself. His former pupil and devoted friend Edward Jenner—the discoverer of vaccination as a preventive of small-pox—diagnosed Hunter's trouble to be angina pectoris, and so it was, but back of this stood the hydra-headed monster, syphilis.

I will describe the tragic death scene and comment on the post mortem appearances.

While attending a board meeting at St. George's Hospital, Hunter had an acrimonious discussion with a colleague; suddenly he ceased speaking and hurried into an adjoining room, where he instantly fell lifeless into the arms of Dr. Robertson. His body was examined to ascertain the cause of death.

"The carotid arteries and their branches within the skull were thickened and ossified." Similar to the changes which have in later years been described by Heubner as characteristic of syphilis. "The coronary arteries and tricuspid and mitral valves were much ossified. The aortal valves were also thickened and rigid." These arterial changes were in my opinion of syphilitic origin.

Sir Astley Cooper, the prince of surgeons, is more than any one else responsible for the profound ignorance regarding the effects of syphilis existing at the present time. In an article on syphilis of the internal organs called "Organic Syphilis," published in the Virginia Medical Monthly of July, 1893 (not August, 1894), I quoted as follows from the teachings of this renowned surgeon:

"Sir Astley Cooper, in his lectures on surgery, taught that some parts of the body are incapable of being acted upon by the venereal poison, such as the brain, the heart, and the abdominal viscera." Indeed, he writes: "This poison does not appear to be capable of exercising its destructive influence on the vital organs, or those parts most essential to the welfare and continuance of life."

Judging from the above, you would think Sir Astley had enjoyed about the same advantages in studying the effects of syphilis as the majority of our medical students have.

The late Dr. F. J. Bumstead once told me that the professor of surgery in a leading medical college was teaching his students that gonorrhoea was apt to be followed by secondary symptoms, and should be treated with mercury.

Do you wonder that the late Dr. Tilbury Fox said and wrote: "Dermatology has been much retarded by having been viewed too much from the surgical, as it will be advanced from considering it in the future, from the purely medical point of view, in connection with the recent advances in pathological observation."

In marked contrast to the teaching of surgical professors stands Hoan-ty, the Chinaman, who lived more than two centuries and a half before the Christian epoch. "Hoan-ty" describes chancres, of which he noticed two kinds, one which suppurates freely, the other emits only a serous matter; he noticed also the accompanying tumors. He would appear to have been very well acquainted with the intra-urethral chancre, which he says is easy to detect by the nature of the pus, which it produces, and which is not the same as that of gonorrhoea, and also by

the pain felt at a fixed and hard point of the canal." (Captain Dabny—La Medicine Chez les Chinois.)

It was not until men like Virchow of Berlin, the greatest pathologist of the age, and Ricord, and Fournier of France, Jonathan Hutchinson, Wilkes and Moxon of England, Bumstead, Sturgis and Taylor of this country, and other men now of international fame, began their investigations, and not until then, that the great discoveries were made.

Abrose Pare, born in 1590, stated, "If there is an ulcer on the penis, and the part is hardened, it will be an infallible test that the patient is affected with constitutional syphilis."

What is now known as the Hunterian chancre was described by Pare more than a century before the birth of Hunter. Induration at the base, and surrounding the sore, is the most characteristic sign of true chancre, but it is not infallible. It may be a subsequent, as well as an early symptom, and it may not be noticeable on the female organs of generation. Then, again, cauterizations with lunar caustic will produce a hardness not distinguishable from induration. Generally, it is noticed at the close of the second week, but it may appear later. It is slight at first, but when at its height, is well marked, circular, resembling a pea, and it surrounds and extends over the limits of the sore. It seldom leaves a cicatrix. It usually lasts two or three weeks, but may continue for as many months. Under treatment, its duration is decidedly shortened.

As a rule, a chancre comes solitary and alone, and this is a very important point in diagnosis. Four times out of five a true chancre is single; if multiple, it is so from the first, and comes from simultaneous inoculation at various points. Of 456 chancres observed by Ricord in 1856, 341 were single, and 115 were multiple. (*Lecons sur le chancre*, 1857.) Clere found in 267 men suffering from constitutional syphilis, the chancre single in 224 and multiple in 43, or four-fifths.

Fournier gives the following statistics relating, however, to women only: Of 203 patients observed, 134 had a single chancre; 52 had 2; 9 had 3; 4 had 4; 5 had 5; and 1 had 6 chancres. He also gives as extraordinary, 1 case where 19, and another where 23 chancres occurred simultaneously.

Fournier inoculated the discharge of 99 chancres upon the patients themselves, and succeeded in but one instance, in which the experiment was performed within a very short time after infection.

Poisson obtained like results in 52 cases, and Luvoyenne was unsuccessful in every one of 19.

Chancres occur wherever the virus has been deposited on an absorbing surface; 95 per cent occur on the organs of generation, and those parts most likely to excoriation, and where the specific virus can find a resting place, as the cervix penis and mucous surface of the prepuce in the male, and the labia in the female.

In my article on unmerited syphilis, I called attention to a great variety of chancres, which occurred on all parts of the body, from the eyelids to the toes. Extra-genital chancres occur in men in the proportion of 6 per cent of all kinds. In women, the proportion of extra-genital chancres is much greater, amounting to 15 per cent., an important clinical fact. The usual site of extra-genital chancres is about the mouth of both sexes, and in women about the anus and on the breasts. Chancres of other extra-genital localities are much less frequent.

Sir Samuel Wilks-Baronet and lately President of the Royal College of Physicians, London—pathologist, and physician par excellence, my former instructor at Guy's Hospital, expresses in terse and admirable language the symptoms and ills which occur after the inoculation or absorption of the syphilitic virus, as follows:

"From one week to one month, after the local development of the virus, the glands which receive directly the lymphatics of the part primarily affected, become symmetrically enlarged and indurated as in chancres of the penis, and vulva, the superior chain of inguinal glands. Acute or suppurative adenitis is not common. The lymphatics may become enlarged and tender, but angeioleucitis is rare. When induration of the base of the true chancre exists, it is by many, and probably rightly, regarded as the first of the constitutional symptoms. The prelude of the diathesis and the local reaction of the general poisoning."

Not infrequently after the local sore has lasted two or three weeks, rheumatic pains, headache, weariness, etc.,—according to Fournier, the third act of the drama of syphilis—are complained of. These are early and sure tokens of systemic infection. They are very commonly followed in the course of four weeks to two months, by symmetrical exantheams on the skin, and mucous membranes, and symmetrical affections of the nails, hair, eyes, and later unsymmetrical ulcerations in the mouth, throat, and skin, tending to spread widely, and deeply, with fibre-plastic exudation of the periosteum, connective tissue, muscles, fascia, nerves, viscera, not usually symmetrical, chronic in progress, and attended often with ulceration, or even a sloughing disposition, with tendency to relapse; for when the virus has entered the system, there is scarcely a tissue that may not be implicated and that always in a specific and characteristic manner, by the exudation of fibro-albumenoid material, modified to some extent by the organ in which it happens; in the solid organs as circumscribed masses, whilst on free surfaces it is seen on the base and border of ulcerous sores, the same as in the primary local lesion. There is quite often entire freedom from any symptoms, lasting for months and even years, as if the virus had been exterminated, but usually certain reminders, in the form of scattered scaly patches on the skin, as so-called psoriasis palmaris—sores on the tongue, lips, etc., appear from time to time. So long as this tendency or state exists, it is evidence of the presence of virus in the system, communicable by direct or indirect means.

Either from the prolonged effects of the special toxic agent upon the constitution, or from concomitant causes, a cachetic condition may come on at a later period, varying from a few months to twenty years, with a tendency to fatty degeneration of the various structures of the body, and perhaps to those known as waxy or lardareous. These are the so-called tertiary symptoms, but are more properly the sequelae of syphilis. True chancre gives a relative and not absolute protection against subsequent attacks of the malady.

In my article on "Organic Syphilis," already referred to, I gave illustrations of grave mistakes in diagnosis; I closed the subject as follows: "The cases reported above show that organic syphilis is not detected in many cases by the physician, and it will never be known how many have died, or may die, where the cause of death is certified as resulting from morbus Brightii, disease of the heart, apoplexy, phthisis pulmonalis, marasmus, etc., but where in the dim back-ground stands the grim monster Syphilis."

"They also show that where a proper diagnosis is made, what brilliant results follow the proper treatment."

The immortal Shakespeare thus describes the effects of Lues Venerea, in his "Timon of Athens," Act IV, Scene III, in an address to Phrynia and Timandra:

"Give them diseases; . . . bring down rose-cheek'd youth
To the tub-fast, and the diet. . . . Consumption sow
In hollow bones of man; strike their sharp shins,
And mar men's spurring. Crack the lawyer's voice,
That he may never more false title plead,
Nor sound his quillet's shrilly; hoar the flamen,
That scolds against the quality of flesh,
And not believes himself; down with the nose,
Down with it flat; take the bridge quite away
Of him that, his particular to foresee,
Smells from the general weal: make curled pate ruffians bald
And let the unscarred braggarts of the war
Derive some pain from you; plague all,
That your activity may defeat and quell
The source of all erection."

